

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2010 - 175 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Scott Rayfield

Telephone: 803-252-5466

Address: 101 PERVAIS ST 150

Fax: 803-256-0818

COLUMBIA, S.C.
29201

Other: 803-600-7006

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☒ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 5-14-2010

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

SIGNATURE TRANSPORTATION, LLC

Street Address of Applicant

701 GERMANS ST 158 COLUMBIA, SC 29201

Mailing Address of Applicant if different from street address

803-252-5466

Phone

803-256-0818

Fax

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month _____ Year _____

Assets:

Cash	\$ 3000.00
Receivables	\$ - 0 -
Real Estate	\$ - 0 -
Buildings and Equipment (Net)	\$ 5000
Motor Vehicles (Net)	\$ 90000
Garage Equipment (Net)	\$ 5000
Machinery and Tools (Net)	\$ 3000
Supplies on Hand	\$ 1,000
Prepays and Other Assets	
Total Assets	\$ 107,000
<u>Liabilities and Equity:</u>	
Accounts Payable	\$ - 0 -
Notes Payable	30000
Mortgages Payable	\$ - 0 -
Equipment Obligations	- 0 -
Accrued Salaries and Wages	\$ 3000
Other Accrued Obligations	\$ 1500
Other Liabilities	
Total Liabilities	\$ 34,500
Capital Stock	
Retained Earnings	
Total Equity	\$ 141,500.00
Total Liabilities and Equity	\$ 34,500

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$ 300.00 per HR

Counties to be Served:

All of S.C.

Maximum Number of Passengers per Vehicle:

14 PASS

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**

The following insurance quote is for:

Signature Transportation, LLC
Name of Motor Carrier
701 Gervais St. Columbia, SC 29201
Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 2197.25
~~500/500~~

Limits 500/500

The above quoted premium is for a term of 6 months.

Minimum Limits - Intrastate Only:

1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000

State Farm
Name of Insurance Company
1907 Sunset Blvd West Columbia, SC 29169
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

5-14-10
Date
Brandi Ballinger
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
AUTO RATE QUOTE

May 14, 2010

PREPARED ESPECIALLY FOR:

PREPARED BY:

SIGNATURE TRANSPORTATION LLC
701 GERVAIS ST STE 150
COLUMBIA, SC 29201-3065

O'BRIEN, KELLY A
1907 SUNSET BLVD
WEST COLUMBIA, SC
29169-5931
(803) 227-1497

H: (803) 600-7006

INITIALS: BRB

VEHICLE #1
MODEL YEAR: 2008
VEH. DESC: CHEVROLET SUBURBAN K1
TERRITORY: 002
CLASS: 1D AGE: 47
COMPREHENSIVE RATING GROUP: 19
COLLISION RATING GROUP: 19
LIABILITY RATING GROUP: 6

QUOTE EFF: May 14, 2010
RATES EFF: June 22, 2009

POLICY COVERAGES AS FOLLOWS:

	LIMITS	SEMI-ANNUAL PREMIUM
AUTOMOBILE LIABILITY	500/500/100	\$250.18
COMPREHENSIVE \$500 DEDUCTIBLE	ACV	\$73.97
COLLISION \$500 DEDUCTIBLE	ACV	\$172.24
EMERGENCY ROAD SERVICE		\$2.20
UNINSURED MOTOR VEHICLE	500/500/25	\$20.58
UNDERINSURED MOTOR VEHICLE	500/500/25	\$83.25
TOTAL OF 6 MONTH PREMIUM	--THIS VEHICLE	\$602.42
TOTAL OF 6 MONTH PREMIUM	--ALL VEHICLES	\$1238.41
MONTHLY PREMIUM (SERVICE CHARGE NOT INCLUDED)	--THIS VEHICLE	\$100.40
MONTHLY PREMIUM (SERVICE CHARGE NOT INCLUDED)	--ALL VEHICLES	\$206.40
APPLICABLE DISCOUNTS:		
MULTI-CAR DISCOUNT		
VEHICLE SAFETY		
GOOD DRIVING DISCOUNT		

This example of some of the available coverages and limits is not a contract, binder, or recommendation of coverage. All coverages are subject to the terms and conditions contained in the policy and endorsements. Because the rate charged must be in compliance with the Company's rules and rates, rate quotes are subject to revision if different rates are effective at the time of policy issuance. This rate quote may be revised if any of the information used for rating is changed. If you have any questions, please contact my office.

Exhibit FWA

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

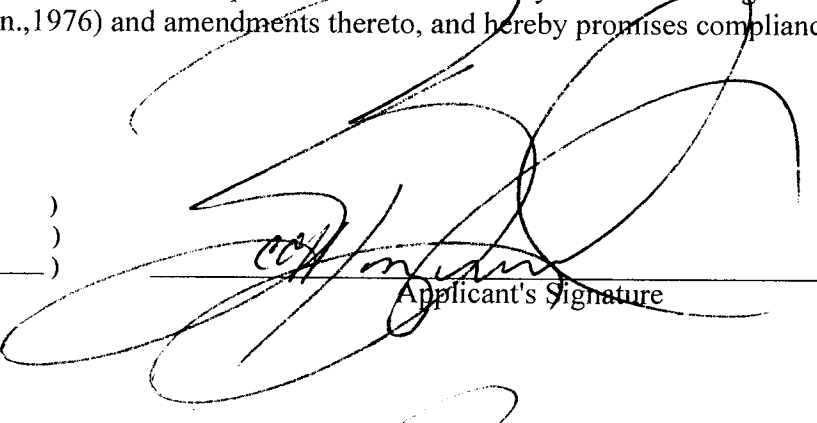
☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF Richland)


Applicant's Signature

I, SCOTT HAVFIELD , Pres

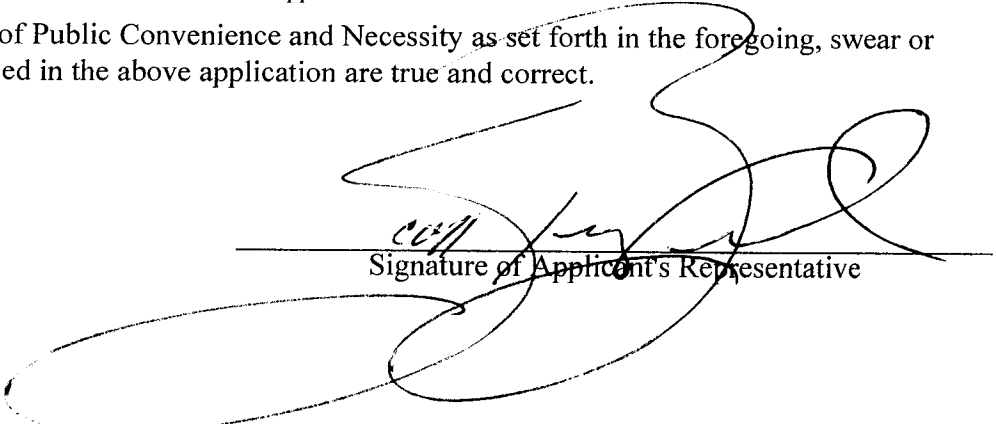
Name of Applicant's Representative

Title

of SIGNATURE TRANSPORTATION LLC ,

Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Signature of Applicant's Representative

SWORN TO BEFORE ME

This 17 day of May, 2010


Notary Public

Commission Expires 5/11/2014

Name of Limited Liability Company

*Summit Corporation
LLC*

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) _____
Name

Street Address

City State Zip Code
- (b) _____
Name

Street Address

City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

[Signature]
Signature of Organizer

5-12-10
Date

Signature of Organizer

Date

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM THE ORIGINAL FILED WITH THE
ORIGINAL OFFICE

MAY 12 2010

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

SIGNATURE TRANSPORTATION LLC
*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

101 GERVAIS ST SUITE 150
Street Address
COLUMBIA S.C. 29201
City Zip Code

3. The initial agent for service of process is

Scott Payroll [Signature]
Name Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

92 CHARLESTON HWY
Street Address
W. COVA S.C. 29169
City Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) SCOTT PAYROLL
Name
101 GERVAIS ST SUITE 150
Street Address
COLUMBIA SC 29201
City State Zip Code

(b) _____
Name

Street Address

City

100512-0167

FILED: 05/12/2010

SIGNATURE TRANSPORTATION LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State